

# CHILDREN/YOUTH INTERGENERATIONAL ROSTER

<b>Name of Church:</b>	<b>Team Total #:</b>	<b># Guardian Males:</b>	<b># Guardian Females:</b>
<b>Church Address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Team Leader:</b>	<b>Total Families:</b>	<b>Married Couples:</b>	<b>Accompanying Relatives:</b>
<b>Day Phone #:</b>	<b># Children under 9 years:</b>	<b># Males 9-13:</b>	<b># Females 9-13:</b>
<b>Cellphone #:</b>	<b># Chaperones 18-21 years:</b>	<b># Males 14-17:</b>	<b># Females 14-17:</b>
<b>Arrival Date/Time:</b>	<b>Departure Date:</b>		<b>Departure Time:</b>

Full Name For Name Tag—Please Print	Parent's Name	Parental Consent	Home Mailing Address	Age	M/F	Special Needs/ Concerns	Releases		Youth Covenant
	Guardian/Chaperone, If Different from Parent						Liability	Medical	

**Please make as many copies as necessary of this form**